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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Application Number <div style="font-size: 1.2em; font-family: cursive;">09/699,002</div>		Filing Date	
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED <div style="font-size: 1.2em; font-family: cursive;">5-31-05</div>		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		<div style="font-size: 1.2em; font-family: cursive;">5-31-05</div>			
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